

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File Original and 3 copies)

Docket No. 00-6598

ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

(Applicant's Name)

Application for a certificate of
(~~local or~~ interexchange) authority
to operate as a (~~reseller or facilities~~
~~based carrier~~) of telecommunications
services in (~~list specific area~~) in the
State of Illinois. ^{STATEWIDE}

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APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER
(Use additional sheets as necessary.)

CHIEF CLERK'S OFFICE

SEP 8 9 22 AM '00

ILLINOIS
COMMERCE COMMISSION

GENERAL

1. Applicant's Name (including d/b/a, if any)

FEIN # 88-0441162

U. S. Bell

Address: Street

8380 LOUISIANA STREET

City MERRILLVILLE

State/Zip IN 46410

2. Authority Requested: (Mark all that apply) ☒ 13-403 ☒ 13-404 ☐ 13-405

3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

☒ Part 710 ☒ Part 735 ☐ Section 735.180 ☐ Other

4. In what area of the state does the Applicant propose to provide service?

STATEWIDE

5. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues

- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

6. Please check type of organization?

☐ Individual

☐ Partnership

☐ Other (Specify)

☒ Corporation

Date corporation was formed OCT. 28, 1999

In what state? NEVADA

7. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

8. List jurisdictions in which Applicant is offering service(s).

STATEWIDE WHEN APPROVED

9. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details)

☒ NO

10. Have there been any complaints against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully.

11. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

13. List officers of Applicant.

KEANAN KINTZEL PRESIDENT

GEORGE VASQUEZ SEC/TREAS

14. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ☐ YES ☒ NO

If YES, list entity. _____

15. How will Applicant bill for its service(s)? LEC BILLING THROUGH BILLING CONCEPTS

16. How does Applicant propose to handle service, billing, and repair complaints?

WE WILL HANDLE ANY COMPLAINTS INTERNALLY THROUGH CUST SERV.
OR REGULATORY AFFAIRS. BILLING CONCEPTS WILL PROVIDE
CUST SERV. SUPPORT ALSO.

17. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

18. What telephone number(s) would a customer use to contact your company?

877-480-9015

19. What are your procedures to prevent unauthorized "slamming" of customers?

THIRD PARTY VERIFICATION COMPANY - ADM VERIFICATIONS, VERIFIES ALL ORDERS
WITH A STANDARD SCRIPT.

20. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

21. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? ☒ YES ☐ NO

FINANCIAL

22. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

TELEPHONE

23. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list: _____

If NO, which facility provider(s)'s services does Applicant use?

Qwest

24. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

LONG DISTANCE SERVICE

25. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

26. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? ☐ YES ☐ NO N/A

W. H. [Signature]

(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of INDIANA)
County of LAKE) ss

KEANAN KINTZEL makes oath and says that he is PRESIDENT
(Insert here the name of affiant) (Insert the official title of the affiant)
of U.S. BELL
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

[Signature]
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Amanda Podnar
(Title of person authorized to administer oaths) AMANDA PODNAR
in the State and County above named, this 7 day of Aug 192000

Amanda Podnar
(Signature of person authorized to administer oath)
Lake County
1-28-2007